



PATENT APPLICATION  
ATTORNEY DOCKET NO. 43876-089

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Craig HANSEN et al.

Serial No.: 09/017,224

Group Art Unit: 2731

Filed: February 2, 1998

Examiner: B. Webster

For: DIGITAL DIFFERENTIAL ANALYZER DATA SYNCHRONIZER

TECH CENTER 2700

JUN 15 2000

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AMENDMENT TRANSMITTAL

Honorable Assistant Commissioner  
for Patents  
Washington, D.C. 20231

Sir:

1. ☒ Transmitted herewith is an amendment for the above-identified application.

**STATUS**

2. ☐ Applicant is ☐ is small entity - verified statement:  
☐ attached ☐ already filed.  
☒ other than a small entity.

**EXTENSION OF TIME**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. § 1.136 apply.

- (a) ☒ Applicant petitions for an extension of time for the total number of months checked below:

EXTENSION (months)	FEE FOR SMALL ENTITY	FEE FOR OTHER THAN SMALL ENTITY
<input type="checkbox"/> one month	\$ 55.00	\$ 110.00
<input type="checkbox"/> two months	200.00	380.00
<input checked="" type="checkbox"/> three months	475.00	870.00
<input type="checkbox"/> four months	755.00	1,360.00

Fee \$ 870.00

If an additional extension of time is required, please consider this a petition therefor.

☐ An extension for ☐ months has already been secured and the fee paid therefor of ☐ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this Request \$           

- (b) ☐ Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that Applicant has inadvertently overlooked the need for a petition for extension of time.

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4. X The fee for claims has been calculated as shown below:

	Claims Remaining After Amendment	Highest Number Previously Paid For	Present Extra	Rate		Additional Fees
Total	:	:	:	:	:	
Claims	8	20	0	x \$ 18.00 =	:	288.00
Independent	:	:	:	:	:	
Claims	1	3	0	x \$ 78.00 =	:	0.00
Multiple Dependent Claims (first presentation)					:	0.00
Total					=	0.00
Reduction by 1/2 for small entity					:	0.00
TOTAL FEE					:	0.00

(a) X No additional fee for claims is required.

-OR-

(b)      The total additional fee for claims required \$           .

**FEE PAYMENT**

5.      Attached is a check in the amount of \$           .

X Charge Deposit Account No. 500417 the amount of \$ 870.00. A duplicate copy of this Transmittal is enclosed for accounting purposes.

**FEE DEFICIENCY**

X If any additional extension and/or fee is required, this is the request therefor and to charge Deposit Account No. 500417.

AND/OR

X If any additional fee for claims is required, charge Deposit Account No. 500417. A duplicate copy of this Transmittal is enclosed for accounting purposes.

Respectfully submitted,

McDERMOTT, WILL & EMERY

Date: June 13, 2000

By:

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